

Testimony of
**THE COMMUNITY HEALTH CENTER ASSOCIATION OF
CONNECTICUT (CHCACT)**
Before
The Appropriations Committee
regarding the Deficit Mitigation Plan
Presented by
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The Community Health Center Association of Connecticut has the privilege of representing thirteen of the fourteen Federally Qualified Health Centers (FQHCs) in Connecticut. FQHCs provide critical access to and high quality primary care and preventive services to patients in underserved areas of our state regardless of ability to pay. To give you some idea of the scale of their work as an essential component of Connecticut's health care delivery system, it is important to note that in 2008 (when there were 13 health centers in the state) **263,043 unduplicated users** at over 100 sites received over **1,213,224 visits** including medical, dental and mental health services. This represents an **increase in visit volume of 16.5%** in the last year alone.

As the Connecticut economy has worsened, the FQHCs have done more and more to be able to care for more and more Connecticut citizens as the demand for access to health services, especially those without insurance, has grown steadily. The FQHCs have utilized their ARRA funding to add provider staff and to expand hours of service to make the best use of the facilities they enhanced and expanded with \$25.8 million in state bonds released in 2006. The proposed cuts in the Deficit Mitigation Plan will undo the significant progress FQHCs have made in being able to care for more Connecticut citizens.

The FQHCs have two main concerns as the Deficit Mitigation Plan is considered:

The elimination of Medicaid reimbursement for adult dental services other than emergencies will have a devastating effect on the FQHC dental practices. Approximately 138,955 dental visits are provided in 2008 by the nine CHCACT member FQHCs with dental services. Nearly half of patients in those FQHC dental practices are adults. The proposed cut to Medicaid dental services for adults means the FQHCs must anticipate more emergency dental care which will further tax a system that struggles to be efficient and cost effective. If not managed properly, emergency dental patients can quickly overwhelm the daily schedule and turn dental programs into "band-aid" practices. In addition, the limitation of Medicaid reimbursement to adult dental emergencies will impose onerous documentation requirements to assure that the services provided are within the State's definition of dental emergencies and reimbursable. A high volume of emergency patients and treatments will not allow the health centers to meet their quality standards for completion of treatment plans for their patients. Practitioners forced to conform their practice to such a high volume of emergency patients are unlikely to stay in the FQHC practices that focus so heavily on Medicaid patients. Recent FQHC successes in recruiting and retaining to build these FQHC practices to handle a large volume of patients will be unraveled.

The proposed 25% reduction in DPH Grants to Community Health Centers will dramatically impact the FQHCs ability to function.

Even now, for every paying patient the FQHCs serve, a patient who is uninsured also receives services. The rate of uninsured patients at FQHCs averages 45%. The FQHC mission and model focus on patients who are unable to pay for healthcare services. The FQHCs are deeply concerned that the General Assembly has an unrealistic expectation of the ability of health centers to absorb additional uninsured adult dental patients, additional legal immigrants who have recently lost coverage, additional uninsured patients who will be unable to enroll in SAGA if SAGA enrollment is frozen—all with less state funding. The health centers will have no choice but to lay off providers and reduce their hours of operation. The State will not realize any savings by weakening the FQHC infrastructure in the state because patients will turn to hospital emergency rooms for non-urgent care needs. Health outcomes will suffer as a result of less preventive services and access to care will be even more challenging---most challenging for Connecticut's most vulnerable populations, those who rely on FQHCs as their safety net.

CHCACT's member community health centers are very appreciative of the General Assembly's past support and on-going interest in preserving the statewide system of care that health centers offer for Connecticut's neediest children and families. As health reform occurs, we anticipate the demand on FQHC services will be tremendous. As the experience in Massachusetts taught us, access to care for newly "insured" patients will be provided for the most part by FQHCs. On behalf of the patients and families currently served by FQHCs, we ask that the Committee be extremely cautious about any cuts to reimbursement that will make access to care even more difficult and waiting lists longer. On behalf of all Connecticut citizens, we ask that the General Assembly not destabilize the FQHC infrastructure which is so critical to the State's health care system at a time when access to healthcare for many more Americans is likely to become a reality.